



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WASTE MANAGEMENT PROGRAM
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

SEND TO

MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM
P.O. BOX 176, JEFFERSON CITY, MO 65102

FOR OFFICIAL USE ONLY

COMMENTS

C
C

INSTALLATION'S EPA ID NUMBER

APPROVED

DATE RECEIVED

YR. MO. DAY

C
F

MOD 031081615

T/A C
1

510
St Louis

I. NAME OF INSTALLATION

P R O F E S S I O N S E R V I C E , I N C

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX NUMBER

C
3

5 4 4 5 H I G H L A N D P A R K D R I V E

CITY OR TOWN

STATE

ZIP CODE

C
4

S A I N T L O U I S

M O

6 3 1 1 0

III. LOCATION OF INSTALLATION

STREET AND NUMBER

C
5

S A M E

CITY OR TOWN

STATE

ZIP CODE

C
6

IV. INSTALLATION CONTACT

NAME AND TITLE (LAST, FIRST, AND JOB TITLE)

TELEPHONE NUMBER

C
2

P E E B L E S I L L A B M A G R

3 1 4 6 5 2 4 4 2 0

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP (ENTER CODE)

C
R

S E E A T T A C H E D

P

IV. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES. REFER TO INSTRUCTIONS)

A. HAZARDOUS WASTE ACTIVITY

B. USED OIL FUEL ACTIVITIES

- ☒ 1a. GENERATOR ☒ 1b. LESS THAN 1,000 KG./MO.
☐ 2. TRANSPORTER
☐ 3. TREATER/STORER/DISPOSER
☐ 4. UNDERGROUND INJECTION
☐ 5. MARKET OR BURN HAZARDOUS WASTE FUEL (enter 'X' & mark appropriate boxes below)
☐ A. GENERATOR MARKETING TO BURNER
☐ B. OTHER MARKETER ☐ C. BURNER

- ☐ 6. OFF-SPECIFICATION USED OIL FUEL (enter 'X' & mark appropriate boxes below)
☐ a. GENERATOR MARKETING TO BURNER
☐ b. OTHER MARKETER
☐ c. BURNER
☐ 7. SPECIFICATION USED OIL FUEL MARKETER (OR ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION

VII. WASTE FUEL BURNING: TYPE OF COMBUSTION DEVICE

(Enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices)

- ☐ A. UTILITY BOILER ☐ B. INDUSTRIAL BOILER ☐ C. INDUSTRIAL FURNACE

VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER 'X' IN THE APPROPRIATE BOX(ES))

- ☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (SPECIFY)

IX. FIRST OR SUBSEQUENT NOTIFICATION

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C)



R00123768

RCRA RECORDS CENTER

MO 780-1164 (8-88)

V. Ownership
Professional Service Industries, Inc
510 East 22nd Street
Lombard, IL 60148